

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | X | | | | | |
| 2 | X | | | | | |
| 3 | | 2 | | | | |
| 4 | | 2 | | | | |
| 5 | | 3 | | | | |
| 6 | X | | | | | |
| 7 | | X | | | | |
| 8 | | X | | | | |
| 9 | | X | | | | |
| 10 | | X | | | | |
| 11 | | X | | | | |
| 12 | | X | | | | |
| 13 | | X | | | | |
| 14 | X | | | | | |
| 15 | X | | | | | |
| 16 | | X | | | | |
| 17 | | X | | | | |
| 18 | | X | | | | |
| 19 | | X | | | | |
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| TOTAL IND. | 5 | | | | | |
| TOTAL DEP. | 19 | | | | | |
| TOTAL CLAIMS | 24 | | | | | |

| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |